Department of Human Resources 311 West Saratoga Street Baltimore MD 21201	**Family Investment Administration** **ACTION TRANSMITTAL**
Control Number: # 17-7	**Effective Date: UPON RECEIPT** **Issuance Date: September 16, 2016**

TO: **DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES**
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
ELIGIBILITY DETERMINATION DIVISION STAFF

FROM: **DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHMH/OES** Debbie Ruppert
TRACEY C. PALIATH, EXECUTIVE DIRECTOR, FIA Tracey Paliath

RE: **PROCEDURAL CHANGES FOR EXPEDITING LONG TERM CARE (LTC) AND HOME & COMMUNITY- BASED (HCBS) WAIVER APPLICATIONS FOR SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS, COMMUNITY- ELIGIBLE INDIVIDUALS, AND MODIFIED ADJUSTED GROSS INCOME (MAGI) RECIPIENTS APPLYING FOR LTC COVERAGE**

PROGRAM AFFECTED: MEDICAL ASSISTANCE (MA/LTC)

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:

The 2005 Deficit Reduction Act (DRA) changed the long-term care (LTC) application process to include a five-year look-back period. Various strategies were created to ensure timely processing of LTC applications. To reduce the extra workload for applicants and caseworkers, the 9709S Streamlined LTC application was introduced. The 9709S reduces barriers related to documentation and verification requirements that are not applicable to SSI recipients or that were previously verified during the application process for a community-eligible individual. The new revised streamline application (9709S) is designed to make the existing verification policy specific to LTC eligibility more effective.

When it can be verified that the LTC applicant was a recipient of a needs-based public benefit at any time during the five year period before the month of application, verification of the value of assets during the look-back period is not required. Assets are required to be verified as of the month of application. Whenever a disposal of resources is reported to or suspected by the Department, all pertinent verifications must be provided for the period in question during the look-back period even if the applicant was a recipient of a needs-based public benefit.

Needs-based public benefits include but are not limited to:

- Supplemental Security Income (SSI)
- Cash Public Assistance (TCA, TDAP, PAA)
- Community Medical Assistance
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB) I or II
- Food Stamps
- Energy Assistance
- Section 8 or other Subsidized Housing from the U. S. Department of Housing and Urban Development (HUD)

As described in the provisions of the Affordable Care Act (ACA), Medicaid does not consider assets in eligibility determinations for the Modified Adjustable Gross Income (MAGI) coverage groups. Individuals seeking long-term supports and services (LTSS) through Community First Choice need to be certified at the nursing home level of care. However, applicants for Home and Community Based Waivers (such as the Community Options Waiver, combining former Living at Home and Older Adults waiver programs), or for nursing home care, must continue to be considered for Medicaid eligibility under the existing LTC rules, which include an asset evaluation.

ACTION REQUIRED:

Supplemental Security Income recipients applying for LTC coverage

Assets do not need to be evaluated as of the month of application. If an 9709S application is received and it is determined by the case manager that the 9709 application is required; the case manager will provide timely notice for the applicant to submit a completed 9709 application, while preserving the initial application date.

Community Eligible recipients applying for LTC coverage

Assets must be evaluated as of the month of application. Effective with Medicaid Expansion in 2008, various F track and P track coverage groups were no longer required to test for assets. Therefore, unless the case manager determines that the parent and child groups received Medicaid eligibility based upon spend-down consideration in an F99 category that tested for assets, the case would be subject to the modified submission of five (5) years' worth of verifications for any assets owned.

MAGI recipients applying for LTC coverage

Assets must be evaluated as of the month of application. If an individual who is active in Medicaid based upon MAGI eligibility enters a nursing facility and seeks LTC eligibility, the applicant will be required to complete the 9709 LTC application and would also be subject to the modified submission of five (5) years' worth of verifications for any assets owned.

To assist nursing facilities to easily identify MAGI eligible individuals who need to complete the 9709, the Eligibility Verification System (EVS) message will be modified to identify the coverage group of the recipient for the following "MAGI Eligible" coverage groups:

A02	**A03**	**F05**	**F98**	**P02**	**P06**
P07	**P10**	**P11**	**P13**	**P14**	

Notes:

1. **As of February 2016, all recipients remaining active in the A01 coverage group were converted to the A02 coverage group.**
2. **As of January 2014, Newborns of P02 Mothers are certified as P06 instead of P03.**
3. **As of January 2014, Children Age 6 up to 19 years old, up to 138% of the FPL (P08) were consolidated into the P07 coverage group.**
4. **As of January 2014, Newborns of P11 Mothers are certified as P06 instead of P12.**

INQUIRIES:

Please direct Medical Assistance policy questions to the DHMH Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

cc: DHMH Executive Staff
DHR Executive Staff
DHR Constituent Services
DHR Help Desk